WORKFORCE DEVELOPMENT PROJECT

2000 Training Needs Assessment Update

Final Report

prepared by

The Northwest Center for Public Health Practice
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Introduction and Background

The Washington State Department of Health has contracted with the University of Washington Northwest Center for Public Health Practice, located in the School of Public Health and Community Medicine, to undertake a number of activities to help meet the following goal:

> *To increase the competency of the public health workforce in Washington to perform essential services of public health, including bioterrorism and informatics and to meet the state public health standards.*

This final report provides a review and update of several training needs assessments undertaken between 1997 and 1999. The earlier assessments were analyzed within the specific context of the recently developed Public Health Performance Standards. This report supports development of the 2001 Public Health Improvement Plan, which has as a major priority the area of workforce development. The Public Health Performance Standards, developed over the past two years and currently the basis of site visit reviews across the state, lie at the heart of the PHIP effort.

This final report comprises the first two of three deliverables in the area of "Learning Needs Assessment/Planning." The third deliverable, an evaluation of existing training products and methods and proposed strategies to increase access to these products, will be completed in late August, 2000.

This is a very timely undertaking for the state of Washington and consistent with high priority activities underway at the national level and in many other states. The Public Health Practice Program Office (PHPPO) of the CDC states that the "need to effectively measure public health performance is urgent" and that a lack of focus on basic core competencies and public health standards within its workforce has led to increased disease and disability in this country (PHPPO-CDC web site, 1999). A joint task force of the ASPH and the APHA also recently concluded that its public health leaders need to "agree upon a shared core of knowledge" for public health professionals and that the process of ensuring a mastery of core competencies will require a system for this acquisition of knowledge[i]. As a related consequence, there has been a growing awareness that public health theory and public health practice "have only a tenuous connection"[ii] and that practice and educational institutions must work more closely together to provide appropriate training that will fill the "urgent" need to meet performance standards.

Methodology

The Northwest Center for Public Health Practice (NWC) began this work with an analysis of three training needs assessment activities undertaken in the state of Washington in the past three years:

- ?? Profile and Training Needs Assessment of the Community/Public Health Professionals in Washington State (1997-98)
- ?? Informatics Information Needs and Uses of The Public Health Workforce (1997-98)
- ?? Field Test Summary of the Proposed Standards of Public Health (1999)

This analysis was supplemented by review of recent NWC activities in the state of Montana (see Attachment 6), the national work on development of public health competencies summarized by Turnock[iii] , the work of the CDC/ATSDR Strategic Plan for Public Health Workforce Development, and a review of the DOH Performance Standards.

The Scope of Work for the NWC contract asked the Center to update the earlier work both in the context of the Performance Standards and to gain more information about identified priority areas for workforce development - communicable disease control/bioterrorism, informatics, and community partnerships. This update, because of emphasis on the Performance Standards, focuses on the "official" public health system workforce; the 1998 Assessment also included community health centers and tribal health personnel.

The first draft of the Update was distributed to members of the PHIP Workforce Development Work Group in mid-June. The original plan was to develop a written survey to be distributed to representatives of the public health workforce in Washington state. However, at a meeting in early May, the Work Group advised the NWC that local health jurisdictions were about to participate in a number of surveys over the summer and suggested organizing focus groups at existing meetings as an alternative. The NWC agreed to this approach, and attempted to use existing meetings of the Environmental Health Directors, the Public Health Nursing Directors, and the Public Health Executive Leadership Forum as the occasions for focus groups. This approach was found to be unworkable for a variety of reasons, and an approach using key informants was developed as an alternative.

In late June, the NWC conducted 15 key informant interviews with public health leaders identified by leadership groups. The key informants were representative of environmental health, public health nursing, and executive leadership, as well as key informants from the Department of Health. Key informants were asked to review the elements of the draft update:

- ?? Summary of the methodologies and approaches of the three earlier studies (Attachment 1)
- ?? Summary of the Training Priorities Identified in Each of the Studies (Attachment 2)

?? A composite summary of priorities across the three studies and additional priorities identified by the Turnock work and review of the DOH Performance Standards (Attachment 3)

They were then asked three broad questions to elicit a discussion addressing the elements of the update:

?? Whether the composite summary of training areas needed by the workforce was complete
?? Which were the 5 five most important areas of training needed by the workforce in the next 2-5 years in order for public health agencies to meet the Performance Standards
?? What training is already in place to address the identified priority areas.

Findings

Needs Assessment Update Limitations

The major limitation of this report is the small number of key informants upon which it is based. While the sample was well constructed with respect to state (7 key informants) and local (8 respondents) and by professional groups (nursing directors, environmental health directors, and executives), no line staff were interviewed. While it is very likely that the views of the leadership reflect the views of other staff, the sample was limited in this area.

Another limitation of this report is the NWC intentionally interviewed only staff in the state Department of Health and local public health departments and districts, because of the priority placed on training needs related to the Performance Standards. These standards only pertain to the "official" public health system at this time. However, the high priority placed on community mobilization indicated an awareness among respondents that community leaders need to be involved in subsequent updates.

The final limitation is that the NWC chose to concentrate on the Public Health Performance Standards as the organizing line of query, rather than also developing specific questions about communicable disease/bioterrorism and informatics. As the discussion below hopefully indicates, sufficient information was gleaned in these areas to facilitate the work of the NWC in developing appropriate training modules.

Completeness of the Summary of Training Areas

Most of the key informants had few additions to the list included in the draft report. The most frequently mentioned area missing from the list was the area of *organizational development/managing change* (mentioned by 7 of the 15 key informants). The following are examples of training needs in this area:

?? Focus on organizational development vs. skill-building in a specific area
?? understanding organizational theory related to professional practice
?? leading change in organizations

?? organizational change, moving from individual services to community services
?? the changing workplace and how to respond to it
?? training on how to work together as interdisciplinary teams
?? TQM - looking at systems and processes to make them more effective

Had this focus been restricted to either state or local respondents, one might surmise that this area was prioritized because of specific circumstances within the organization or level of government. However, this additional area was identified across jurisdictional and professional categories. Therefore, this area probably warrants further analysis and is a very high priority for further training development in the later phases of this project.

Other suggested additions further refined specific skill-building activities. Examples include:
?? Problem-solving
?? Leadership
?? Social/Environmental Determinants of Health
?? Social Marketing
?? Assurance - how to have this capacity in small communities

Five Most Important Training Areas

Five areas were mentioned most frequently as the priority training areas:

1. Communication Skills (mentioned by 13 of 15 respondents)
2. Community Involvement/Mobilization (12)
3. Policy Development/Planning (11)
4. Teaching/Training (10)
5. Cultural Skills (9)

The next most frequently areas (Communications/Information Dissemination and Agency Technology Infrastructure) were each mentioned by 5 key informants.

The following summarizes comments of key informants in each area. A complete display of comments is included as Attachment 4.

1. Communication Skills

As shall be seen in discussion of each priority training area, the need to keep communication skills as the top priority was consistently mentioned. When identifying this area as the highest priority, the majority of the key informants specified communicating with the community/external constituents as the primary need. The following comment typified key informant responses in this area:

> *Listening and soliciting input from the community will be important in executing the standards; we need to communicate in clear and appropriate ways because the terminology we use is often a barrier in dealing with communities.*

Key informants also stressed the need for a continuing priority on improving internal communications. They focused on the need for team-building and interdisciplinary work.

All the key informants recognized that communications were at the core of success in achieving the performance standards and in their everyday work. The high priority placed on the role of communication skills in conveying the performance standards to community audiences is an additional nuance to the earlier assessments.

2. Community Involvement/Mobilization

Key informants related the need for training in community involvement/mobilization most often to the recent budget cuts faced by departments and districts. As one informant stated, *"communities will need to be more involved as they become more involved in use of tax dollars."*

Respondents also mentioned the role played by community partnerships in health improvement. They directly linked the need for a priority on community involvement with the implementation of the Performance Standards, recognizing the level of interaction needed to receive attention if the standards were to be credible and the process respected. The relationship between achievement of standards and improved community health status was implicit in these discussions.

The high priority placed on community involvement/mobilization by the key informants reinforces the importance of this addition to the core functions training. The core functions training in this area should directly emphasize the relationship between community involvement and successful implementation of the Performance Standards.

3. Policy Development/Planning

The following two comments typify the key informant responses in this area:

?? *Local health departments are good at gathering data, but poor at translating the data to policy makers; we need to understand the policy process.*

?? *Health departments are good at analyzing; the weak link here is taking assessments and converting them to policy.*

Communication skills again are closely linked with this category in the minds of the key informants. Key informants noted that the linkage between communication and policy was essential in "*sharing the performance standards with decision-makers and…presenting data to achieve the standards."*

The majority of respondents identifying this area as a priority expressed a primary need to understand the policy development process, recognized its central role in successful department operations, and expressed interest in identifying best practices in this area.

While this was identified as a priority area from the earlier assessments, the high ranking of policy development/planning is nonetheless significant. The national surveys by NACCHO in 1992 and 1997 indicated that the policy development core function was the least identified by local jurisdictions (over 45% of jurisdictions surveyed each time indicated that they were not involved in this core function).

4. Teaching/Training

Key informants particularly recognized the importance of the information- sharing role of health departments. The following comment is illustrative:

> *Our role is going to change, more education and less enforcement; we will be more of a resource to the community for public health information because of cuts to our programs - our role will become more oversight than actual service provision.*

Again, several informants linked this area with the communication priority, One key informant suggested that *"staff need to know how to serve as a consultant both internally to their organizations and externally; being a technical expert doesn't necessarily equate with effective consulting skills any more than it equates with effective management skills."*

Key informants placed a priority on developing training opportunities that will create the capacity at the state and local level to better utilize staff as trainers and, in the words of one informant, as "consultants" to internal and external audiences.

5. Cultural Skills

The majority of key informants prioritizing this area commented that cultural skills mean more than working with minority populations. They involve, in the words of one informant, the *"need to understand the values, culture, and concerns of the community we serve."* This suggests a broader approach to future training in cultural skills and, as in all of the other areas, is closely linked with other priority training areas - especially community mobilization and communication.

Other respondents linked the priority on cultural skills with the credibility of the public health jurisdiction. As one stated, *"the workforce pays lip service to affirmative action, but make very little effort to diversify; this makes the agency overall not seem very inviting to clientele."*

Existing Training Opportunities

Most of the key informants agreed that there are many specific training opportunities available, but most have limitations. They may be either specific to technical areas rather than broader communication and analysis. They often aren't tailored to the public health professional, or - because they aren't more centrally organized - they place the onus on the state and local health supervisors to find the training most appropriate for their staff.

Concern was also expressed that training is often very expensive, both in actual training costs and in travel and leave time for staff.

A summary of specific training opportunities cited by key informants is included as Attachment 5. This list will be further expanded and analyzed by the NWC in the next phase of this project.

Gaps in Training

Responses to the question about availability of training inevitably elicited comments about gaps in current training. These comments focused on two areas: perceived content area gaps and, far more prevalently, perceived gaps in the fit between current training modalities and the needs of the public health workforce.

Content area training gaps are difficult to characterize, and no single area emerged from the interviews. The most frequently mentioned areas in which it was difficult to find training resources were the broad category of *organizational change and workforce development* (including provision of training to people in the workforce about how to advance in their careers, leadership development, and quality improvement), *policy development*, and *social marketing*.

There were many more comments offered about limitations in the way current training opportunities are offered and their overall value to the workforce. Key informants generally agreed that much of the current training is expensive and either too specific (in a particular content area without a broad public health context) or too general (not enough practical information to take home to assist in problem-solving). Many key informants stressed that case-based learning was effective, that the concept of training-the-trainer was very valuable, and that training of shorter duration - but over a longer period of time - was of more use to local jurisdictions. While concerns were expressed about the limitations of distance learning (mostly in terms of limitations in opportunities for team-building), many informants felt that this was a very viable option. Distance learning, in their opinion, addressed many of the short-comings of other modalities - expense, staff travel and release time, and number of staff who could partake of the training.

The message from the key informant interviews seems to be that the emphasis in future training efforts should be as much on the modality as on content. The concepts of case-based learning, training the trainer approaches, and making maximum use of distance learning opportunities that can involve as many staff as possible continue to be driving forces. Comments about the use of shorter training sessions (with homework!) over longer periods of time also resonated with many of the key informants. The Northwest Center for Public Health Practice and the Department of Health need to work together to turn these principles into useful training/learning opportunities in the future.

Implications for Identified Priority Areas: Communicable Disease Control/Bioterrorism, Informatics, and Community Partnerships

While the key informant interviews were not structured with specific probes in these areas, much was learned about how best to approach training. The area of community partnerships has been discussed at some length above, and clearly emerged as an appropriate area of new focus in core function training.

With respect to the areas of communicable disease control, in the context of the performance standards and the linkage with bioterrorism, several points were made that will be instructive to training module development. Several key informants mentioned the need for the development of policies and protocols relating to surveillance systems and communicable disease outbreak management. Others suggested the need to place a priority on developing methodologies and processes for surveillance reporting systems. The need for basic training in communicable disease outbreaks and related infrastructure issues was also a priority. Risk communication was identified as a priority area by a number of key informants, including the importance of communication with diverse populations.

Comments related to the broad area of informatics reinforced for the NWC the fact that this term refers as much to basic computer competency as it does to advanced technological systems. Informants noted the need to use technology for basic communication, information dissemination and learning. This area was not highly prioritized by the key informants, although the need for communication skills and policy development were both priorities. This suggests that training in "informatics" must prioritize both basic skill-building and more advanced technology options.

The training package currently under development by the NWC (addressing both informatics and bioterrorism/communicable disease control) is consistent with these findings. The proposed tabletop exercise will incorporate training in areas identified above in an interactive, case-based format.

Recommendations

General recommendations

The training needs identified by the Montana public health work force (summarized in Appendix 6) provide a useful comparison with the findings in this assessment. The Montana training priorities cover the five priority areas identified above, but are much more specific in subject. The Workforce Development Task Force may want to use the Montana list to further refine priorities identified in this assessment.

All training workshops, curricula, and other modes of teaching should place a high priority on the dual priorities of *good communication skills* to any specific content area and the importance of *developing substantive partnerships with community constituents.*

All training should make use of case-based learning, with much participant interaction, and take advantage of the many options offered by distance learning technologies to supplement direct training and teaching sessions.

Training in the five priority areas should emphasize content elements identified by the key informants:

?? Specific training in *communication skills* should prioritize communications with the community/external constituents.

?? *Community involvement/mobilization* should emphasize the relationship between community health improvement and the respective roles of local public health jurisdictions and their community partners. Feedback suggests that training in this area in the future is closely linked to the identified area of community partnerships in the next phase of core functions training.

?? Core function training should include training on *Policy Development/Planning*. This training should improve understanding of the policy development process and its central role in successful department operations.

?? *Teaching/training* activities should emphasize the importance of the information-sharing role within public health, particularly with community constituents.

?? Emphasis on *cultural skills* should focus on the need to understand the values, culture, and concerns of the communities served.

Recommendations for Development of New Curricula

As indicated above, *organizational development/ managing change* emerged as an area in which additional skill-building was considered highly desirable, but where no appropriate training was currently identified. This report recommends that this important area be more specifically discussed and developed by the Workforce Development Task Force. Design of an appropriate curriculum, whether directly by the Northwest Center or by another contractor, would follow from these discussions. To reiterate the discussion on page 3, the following examples of training needs in this area were cited:

- ?? focus on organizational development vs. skill-building in a specific area
- ?? understanding organizational theory related to professional practice
- ?? leading change in organizations
- ?? organizational change, moving from individual services to community services
- ?? the changing workplace and how to respond to it
- ?? training on how to work together as interdisciplinary teams
- ?? TQM - looking at systems and processes to make them more effective

The Northwest Center further recommends this area because of the increasing importance of demonstrable accountability within public health, the need for quality improvement

emphasis, and the need for public health managers to develop additional skills to help them lead their organizations through the uncharted waters of changing environments. The Workforce Development Task Force should use its upcoming meetings to further refine the components of training in this important area.

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